

STANDARD CERTIFICATE OF DEATH

13356

State File No.

FILED APR 27 1953

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 473

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2307 North 7th Street		d. STREET ADDRESS (If rural, give location) 2307 North 7th Street	

3. NAME OF DECEASED (Type or Print) INEZ F. ROBERTS		4. DATE OF DEATH (Month) (Day) (Year) Apr. 19, 1953	
5. SEX Fem.	6. COLOR OR RACE Wht.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 10, 1887
9. AGE (In years last birthday) 66 yrs		10. KIND OF BUSINESS OR INDUSTRY Housewife	
11. BIRTHPLACE (State or foreign country) Platte County Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	

13a. FATHER'S NAME Thomas N. Jennings	13b. MOTHER'S MAIDEN NAME Millie J. Denney	14. NAME OF HUSBAND OR WIFE Alvah D. Roberts
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mr. Alvah D. Roberts
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS St. Joseph Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 3 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive, cardio Arteriosclerosis Senile dementia		DUE TO (b) Hypertensive, cardio		DUE TO (c) Arteriosclerosis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb**, 19**53**, to **4-18**, 19**53**, that I last saw the deceased alive on **4-18**, 19**53**, and that death occurred at **10:55 AM** from the causes and on the date stated above.

23a. SIGNATURE Mrs. Brimmer M.D.	(Degree or title)	23b. ADDRESS St Joseph Mo	23c. DATE SIGNED 4-26-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 21, 1953	24c. NAME OF CEMETERY OR CREMATOR Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo
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DATE REC'D BY LOCAL REG. April 24, 1953	REGISTRAR'S SIGNATURE Rosether M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Stammy Funeral Home	ADDRESS St. Joseph, Mo
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Charles E. Bennett

Signed.....

Student Embalmer

Licensed Embalmer No. *4622*

P. O. Address *St Joseph Mo*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.